

Type a plus sign (+) inside this box → ☐Approved for use through 10/31/99
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPTO/SB/01 (5-95)
OMB 0651-00320010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☐ Declaration Submitted with Initial Filing. OR ☒ Declaration Submitted after Initial Filing.

Attorney Docket Number

Met/4 CIP

First Named Inventor

Thomas J. McMurtry et al.

COMPLETE IF KNOWN

Application Number

08/875,365

Filing Date

01/16/96 (1A)

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Diagnostic Imaging Contrast Agents with Extended Blood Retention

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY)

01/16/1996

as United States Application Number or PCT International

Application Number

PCT/US96/00164

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments, the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box → ☐ +

DECLARATION

Pag 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/382,317		02/01/1995	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

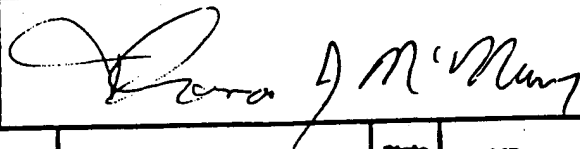
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	<input type="text"/>	Customer Number or label	<input type="text"/>
<input checked="" type="checkbox"/> OR			
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
James F. Haley, Jr. Pablo D. Hendler	27,794 40,015		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: <input type="checkbox"/> Customer Number		OR <input checked="" type="checkbox"/> Fill in correspondence address below	
Name	James F. Haley, Jr., Esq.		
Address	Fish & Neave		
Address	1251 Avenue of the Americas		
City	New York	State	N.Y.
Country	U.S.A.	Telephone	212-596-9330
		Fax	212-596-9090


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Thomas	Middle Initial	J.
Family Name	McMurry	Suffix e.g. Jr.	
Inventor's Signature			Date
			11/25/97
Residence: City	Winchester	State	MA
		Country	
Citizenship	U.S.		
Post Office Address	4 Bonad Road		
Post Office Address			
City	Winchester	State	MA
Zip	01890	Country	
Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

BEST AVAILABLE COPY

Type a plus sign (+) inside this box → ☐

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Hironao		Middle Initial		Family Name	Sijiki		Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City	Gifu		State		Country	Japan		Citizenship	Japanese
Post Office Address	4-9 Fudo-cho								
Post Office Address									
City	Gifu		State		Zip	500		Country	Japan
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Daniel		Middle Initial	M.	Family Name	Scott		Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City	Acton		State	MA	Country			Citizenship	U.S.
Post Office Address	42 Nylander Way								
Post Office Address									
City	Acton		State	MA	Zip	01720		Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Randall		Middle Initial	B.	Family Name	Laufer		Suffix e.g. Jr.	
Inventor's Signature					Date	11-25-97			
Residence: City	Brookline		State	MA	Country			Citizenship	U.S.
Post Office Address	23 Sumner Road, #2								
Post Office Address									
City	Brookline		State	MA	Zip	02146		Country	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip			Country	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) in

Block → +

Appl. processed through 10/31/98
Patent and Trade. Office: U.S. DEPARTMENT OF COMMERCE
PTO/SB/01 (6-95) OMB 0651-00320010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☐ Declaration Submitted with Initial Filing. ☒ Declaration Submitted after Initial Filing.

Attorney Docket Number

Met/4 CIP

First Named Inventor

Thomas J. McMarry et al.

COMPLETE IF KNOWN

Application Number

08/875,365

Filing Date

01/16/96 (TA)

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Diagnostic Imaging Contrast Agents with Extended Blood Retention

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 01/16/996 as United States Application Number or PCT International

Application Number PCT/US96/00164 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 386(b) of any foreign application(s) for patent or inventor's certificate, or § 386 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box → ☒

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/382,317		02/01/1995	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
James F. Haley, Jr.	27,794		
Pablo D. Hendler	40,015		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☐ Customer Number OR ☒ Fill in correspondence address below

Name James F. Haley, Jr., Esq.
Address Fish & Neave
Address 1251 Avenue of the Americas
City New York State N.Y. ZIP 10020
Country U.S.A. Telephone 212-596-9330 Fax 212-596-9090

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Thomas	Middle Initial	J.	Family Name	McMurry	Suffix e.g. Jr.	
------------	--------	----------------	----	-------------	---------	-----------------	--

Inventor's Signature Date

Residence: City	Winchester	State	MA	Country		Citizenship	U.S.
-----------------	------------	-------	----	---------	--	-------------	------

Post Office Address 4 Bonad Road

Post Office Address

City	Winchester	State	MA	Zip	01890	Country		Applicant Authority	
------	------------	-------	----	-----	-------	---------	--	---------------------	--

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

BEST AVAILABLE COPY

Type a plus sign (+) inside this box → ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Hironao			Middle Initial		Family Name	Sijiki			Suffix e.g. Jr.		
Inventor's Signature							Date					
Residence: City	Gifu			State		Country	Japan		Citizenship	Japanese		
Post Office Address	4-9 Fudo-cho											
Post Office Address												
City	Gifu			State		Zip	500		Country	Japan	Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Daniel			Middle Initial	M.	Family Name	Scott			Suffix e.g. Jr.		
Inventor's Signature	<i>Daniel C. Scott</i>						Date	12/1/97				
Residence: City	Acton			State	MA	Country			Citizenship	U.S.		
Post Office Address	42 Nylander Way											
Post Office Address												
City	Acton			State	MA	Zip	01720		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Randall			Middle Initial	B.	Family Name	Laufer			Suffix e.g. Jr.		
Inventor's Signature							Date					
Residence: City	Brookline			State	MA	Country			Citizenship	U.S.		
Post Office Address	23 Sumner Road, #2											
Post Office Address												
City	Brookline			State	MA	Zip	02146		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature							Date					
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City				State		Zip			Country		Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto